E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	write or staple in th	nis space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instruc	ctions.
Your first name	e and m	niddle initial	Last na	ame						Your so	ocial security n	umber
SUHAS			KOLU	JKONDA	A					274	77 779	9
	spouse's	s first name and middle initial	Last na								's social securi	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ential Election (Campaig
8205 TO	WNE I	MAIN DR						1	.725	1	here if you, or	,
City, town, or	post offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		if filing jointly,	
PLANO						TΣ	ζ	750	24		o this fund. Che low will not cha	•
Foreign countr	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code	I	x or refund.	3.
											You	Spouse
Filing Statu	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying s	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if t	:he
	qu	ıalifying person is a child but not you	ır depe	ndent:								
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d award or r	navr	ment for propert	v or	services): or	(h) sell		
Assets		nange, or otherwise dispose of a dig						•		. ,		≺ No
Standard		neone can claim: You as a de					a dependent					
Deduction	_	Spouse itemizes on a separate retur	•		•		•					
								. ,		1050		
		: Were born before January 2, 1	959	Are b	<u> </u>			14	ore January 2	-	☐ Is blind	
Dependent		see instructions): (1) First name Last name		(2) Social securi number		/ (3) Relationship to you) (4	Child tax c		lifies for (see ins	
If more	(1) F	First name Last name			Humber		to you			iedit	Oredit for other t	шерепиен
than four dependents,											 	
see instruction	ns										 	
and check here	ı —											
	 1a	Total amount from Form(s) W-2, b	ov 1 (e	oo instru	ctions)		<u> </u>			. 1a	91	,200.
Income	b	Household employee wages not re	,		,							,200.
Attach Form(s)	1	Tip income not reported on line 1a	•		. ,					. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		•					. 10		
W-2G and	e	Taxable dependent care benefits f								. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene			•					. 11		
If you did not	g g	Wagaa from Form 2010 line 6								. 10		
get a Form	h	Other earned income (see instruct				•				. 1h	*	0.
W-2, see instructions.	i	Nontaxable combat pay election (,					Ϊ.				
	z	Add lines 1a through 1h								. 1z	91	,200.
Attach Sch. B	 2a	·	2a	,		b T	axable interest			. 2t		
if required.	3a	' -	3a				ordinary dividen	ds .				
	4a	· —	4a				axable amount			. 4k	,	
Standard	5a	Pensions and annuities	5a			b T	axable amount			. 5k	,	
Deduction for— • Single or	6a	_	6a			b T	axable amount			. 6k	,	
Married filing separately,	С	· · · · · · · · · · · · · · · · · · ·	election method, check here (see instructions)									
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
 Married filing jointly or 	8							. 8	-10	,770.		
Qualifying surviving spouse,	9		5b, 6b, 7, and 8. This is your total income						. 9	80	,430.	
\$27,700	10	Adjustments to income from Sche	justments to income from Schedule 1, line 26)	
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11	80	,430.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		,850.
any box under	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	13	,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or loc	ontor	O This is w	our t	tavahla inaama			15	- 1 66	580

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16	9,954.	
Credits	17	Amount from Schedule 2, lir					 .	. [17		
	18	Add lines 16 and 17						. [18	9,954.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. [19	<u>, </u>	
	20	Amount from Schedule 3, lir	•					. [20		
	21	•						. [21		
	22	Subtract line 21 from line 18							22	9,954.	
	23	Other taxes, including self-e	,						23	0.	
	24	Add lines 22 and 23. This is			•			.	24	9,954.	
Payments	25	Federal income tax withheld									
i ayınıcını	а	Form(s) W-2				25a	12,3	24.			
	b	Form(s) 1099				25b	· ·				
	С	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						25d	12,324.	
16	26	2023 estimated tax paymen							26	,	
If you have a l qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro			_	28		_			
	29	American opportunity credit				29		_			
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir				31					
	32	Add lines 27, 28, 29, and 31					edits		32		
	33	Add lines 25d, 26, and 32. T						<u> </u>	33	12,324.	
Refund	34	If line 33 is more than line 24							34	2,370.	
riciana	35a	Amount of line 34 you want				•	-	in t	35a	2,370.	
Direct deposit?	b	Routing number 0 4 1				Checking	_	rings			
See instructions.	d	Account number 4 1 6					ou.	95			
	36	Amount of line 34 you want			ed tax	36		- 1			
Amount	37	Subtract line 33 from line 24									
You Owe	01	For details on how to pay, g						.	37		
	38	Estimated tax penalty (see i	_	-		38					
Third Party	Do	you want to allow another									
Designee	instructions							olete be	low.	X No	
J							dentification				
		me		no.			number (
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		-		1	 I				-	_	
	Your signature			Date Your occupation					If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			SOFTWARE DEVELOPER					(see inst.)			
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.								Identity (see ins		ection PIN, enter it here	
		(227) 055 (40		,							
		one no. (337) 255-640 eparer's name	Preparer's signat	Email address	SUHASKULUKON	DAISEGMA Date		ΓIN		Check if:	
Paid		•	'		רווסתו האדדאיי	01/27/2			,,,,	Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAK	GUPIA TALLAM	101/2//2	UZ4 PU	20827			
Use Only	Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							678) 965-9522			
	Fir	m's address 245 ROONE	I CT E BRU	INSWICK N	η Παατρ			Firm's	⊏IIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SUHAS KOLUKONDA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soci	ial security number
271-77	_7799

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-10,770.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10 , 770.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

SUHA	AS KOLUKONDA						274-7	7-7799)		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use		C . See	e instru	ctions. If you	are an indi	vidual, rep	oort farm		
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. Y	es 🛛 N	Vo.	
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Y	es 🗌 N	No	
	Physical address of each property (street, city, state, ZII										
A	4-5-165,2ND LANE,KORITEPAD GUNTUR AND		<u> </u>	TNI	5220	0.7					
<u></u> B	4-3-103, 2ND LANE, KORITEPAD GONTOR AND	nra i	FKADESI	L III	JZZ 0	0 /					
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair	erty lis	sted Fair Rent							QJV	
A	personal use days. Check the Q	JV box	x only	Α		365		0			
В	if you meet the requirements to			В						1	
С	qualified joint venture. See instru	uctions	S	С							
Туре	of Property:						I				
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)				
						Propert	ies:				
Incon	ne:			Α		В			С		
3	Rents received	3		7	14.						
4	Royalties received	4									
Expe											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2,3	314.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,8	390.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14			20.						
15	Supplies	15		1,9	80.						
16	Taxes	16									
17	Utilities	17		2, /	780.						
18	Depreciation expense or depletion	18									
19	Other (list)	19		11 /	0.4						
20	Total expenses. Add lines 5 through 19	20		11,4	84.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198		_	-10 , 7	70.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,77	70.)	()	()	
23a	Total of all amounts reported on line 3 for all rental proper				23a		714.				
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	1:	1,484.				
24	Income. Add positive amounts shown on line 21. Do no		-				. 24				
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lin	e 22. E	nter to	tal losses he	re 25	(10,77	0.	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						on . 26		-10,7	70.	